

PROVIDER Child and Adult Care Food Program Income Application Fiscal Year 2006

To apply for reimbursement for meals served to your own children, carefully complete, sign and return this form to your sponsor.

Print Name _____

Address _____ City _____ Zip _____

Home Telephone # _____ Work Telephone # _____

I hereby certify that all the below information is true and correct. I understand that this information is being given in connection with the receipt of Federal Funds; that the institution officials may verify this information; and deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes.

CONFIDENTIALITY: The information you provide will be treated confidentially and will be used only for eligibility determinations and verification of data for Child and Adult Care Food Program purpose.

Signature

Social Security Number

Date

INCOME ELIGIBILITY

Complete this part for your children **NOT included in Food Stamps, Cash Assistance, or FDPIR.**

	Child's Name	Age	Birthdate
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Please list **ALL NAMES** of other **HOUSEHOLD MEMBERS**. INCLUDE YOURSELF, OTHER ADULTS AND CHILDREN. DO NOT INCLUDE CHILDREN LISTED ABOVE, UNLESS THEY RECEIVE A REGULAR INCOME. Write the amount of the monthly income and its source each person now receives on the same line as their name. List **GROSS** income BEFORE deductions for taxes, social security, etc.

	NAME	Monthly Earnings from work (Before Deductions)	Monthly Welfare Payments, Child Support, Cash Assistance & Alimony	Monthly Income from Pensions, Retirement and Social Security	Monthly Income from all other Income
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

CATEGORICAL ELIGIBILITY

Complete this part for your own children currently receiving benefits from any of the following programs.

Food Stamp Case No: _____ **Cash Assistance Case No:** _____ **FDPIR Case No:** _____

	Child's Name	Age	Birthdate
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

FOSTER CHILDREN

Foster Children are eligible for reimbursable meals regardless of the income of the household in which they reside. If you have *foster children in your home*, please indicate their names here and the total income each child receives for personal use.

	Child's Name	Age	Birthdate	Income
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

Income Eligibility Guidelines

Effective from July 1, 2005 to June 30, 2006

Household Size	Annual	Month	Week
1	\$17,705	\$1,476	\$341
2	23,736	1,978	457
3	29,767	2,481	573
4	35,798	2,984	689
5	41,829	3,486	805
6	47,860	3,989	921
7	53,891	4,491	1,037
8	59,922	4,994	1,153

For each additional
Family member add...

+6,031 +503 +116

I choose at this time not to complete the income application for consideration of income eligibility.

Signature

Date

Race/Ethnic Identity: You are not required to answer this question. Please circle correct category.

**WHITE - not
Hispanic Origin**

**BLACK, not of
Hispanic Origin**

HISPANIC

**ASIAN or
PACIFIC ISLANDER**

**AMERICAN INDIAN or
ALASKA NATIVE**

Section 9 of the National School Act requires that, unless your food stamp, child's Cash Assistance, or FDPIR case number is provided, you must include a social security number on the application. This may be either the social security number of the parent or household member signing the statement, or an indication that neither household member possesses a social security number. Provision of the social security number is not mandatory, but if a social security number is not provided or an indication of none is not made by the adult household member signing the application, the statement cannot be approved. This notice must be brought to the attention of the household member whose social security number is disclosed. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the statement. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp or welfare office to determine current certification for eligible federally or state funded programs, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

For Sponsor Use Only

Approved by: _____	Total Household Size _____	Children in each category
Approval Date: _____	Total Monthly Income _____	() Eligible
		() Ineligible